



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KOSCIUSKO COMMUNITY HOSPITAL

City of Hospital: Warsaw

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Lyndsey Vance

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Medicare Provider Number: 15-0133

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$164814945 |
| Outpatient Patient Service Revenue | \$363140731 |
| Total Gross Patient Service Revenue | \$527955676 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$414416500 |
| Other Deductions | \$2645605 |
| Total Deductions | \$417062105 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$110893571 |
| Other Operating Revenue | \$361287 |
| Total Operating Revenue | \$111254858 |

4. Operating Expenses

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|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$23028688 | Employee Benefits | \$5045264 |
| Depreciation and Amortization | \$5194359 | Interest Expense | \$49646 |
| Bad Debt | \$-1589271 | Other Expenses | \$40140998 |
| Total Operating Expenses | \$71869684 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$39385174 | Total Assets | \$74129435 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$352774821 |

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|-----------------|------------|
| Total Net Gains | \$39385174 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$145958429 | \$131304334 | \$14654095 |
| Medicaid | \$67217730 | \$56527847 | \$10689883 |
| Other Government | \$6439595 | \$6244250 | \$195345 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$308339922 | \$221412364 | \$86927558 |
| Total | \$527955676 | \$415488795 | \$112466881 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$460277 | \$-460277 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$1852646 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$1852646 | \$-1852646 |
| Medicaid Shortfalls | \$7958326 | \$52935009 | |
| Subtotal | \$7958326 | \$54787655 | \$-46829329 |
| DSH Payments | \$415,335 | | |
| Subtotal | \$8373661 | \$54787655 | \$-46413994 |
| Medicare Shortfalls | \$14329191 | \$114944535 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$22702852 | \$169732190 | \$-147029338 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$380081 | \$-380081 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$1054919 | \$-1054919 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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